



ALBUQUERQUE / BERNALILLO COUNTY
VEHICLE POLLUTION MANAGEMENT PROGRAM

1500 Broadway Blvd. NE, Albuquerque, NM 87102

Phone: (505) 764-1110 www.cabq.gov/aircare Fax: (505) 764-1101



Addendum (Change of Status) for Air Care Inspectors

Full Name: _____

Home Mailing Address: _____ City: _____ State: _____

Zip: _____ Home/Cell Phone: (____) _____ Work Phone: (____) _____

Email: _____

☐ INACTIVATING FROM: _____
Station Name Station Number

☐ Approved by Station Manager ☐ Approved by Inspector ☐ Approved by VPMD Staff

(Please check approved by box, only requires one approval)

Reason: _____ (Ex: relocation, termination, expiration)

Print Name

Approving Party Signature

Date

☐ ACTIVATING INTO: _____
Station Name Station Number

☐ Approved by Station Manager

Print Name (Manager)

Manager's Signature (Required)

Date

Inspector Signature (Optional)

FOR OFFICE USE ONLY

Inspector Certification #: _____

Application Date: _____ Date of last Recertification: _____ Expiration Date: _____

Envision Update By: _____ Date: _____

VID Update By: _____ Date: _____ Billing Invoice #: _____

File Update By: _____ Date: _____